

# Taylor's Fire and Sewer District

3335 Wade Hampton Blvd.  
Taylors, South Carolina 29687

(864) 244-5596

FAX (864) 2924975

## Sanitary Sewer Permit Application

### Notice

All applications must be completed and emailed to Taylor's Fire & Sewer District at the email address: [permits@taylorsdistrict.org](mailto:permits@taylorsdistrict.org). Staff will respond to all applications as soon as possible.

### **Application Information must be complete and legible.**

Name to be shown on permit: \_\_\_\_\_

Property Address (City, State, Zip): \_\_\_\_\_

Mailing Address if different (City, State, Zip): \_\_\_\_\_

Tax Map Number: \_\_\_\_\_

Subdivision: \_\_\_\_\_

Lot Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Plumber Name: \_\_\_\_\_

Plumber Address (City, State, Zip): \_\_\_\_\_

Plumber Phone Number: \_\_\_\_\_

Name to be shown on permit: \_\_\_\_\_

Property Address (City, State, Zip): \_\_\_\_\_

Mailing Address if different (City, State, Zip): \_\_\_\_\_

Tax Map Number: \_\_\_\_\_

Subdivision: \_\_\_\_\_

Lot Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Plumber Name: \_\_\_\_\_

Plumber Address (City, State, Zip): \_\_\_\_\_

Plumber Phone Number: \_\_\_\_\_

The undersigned acknowledges the above information has been provided by the permit applicant and in the event incorrect information is shown, no permit corrections, refund or exchanges will be made.

\_\_\_\_\_  
Applicant or Authorized Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address